

## PART B - FEE(S) TRANSMITTAL



## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required), Blocks 1 through 5 should be completed where appropriate All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as a middlead unligs corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate FEE ADDRESS\* for DRESS\* for the property of maintenance fee notifications.

48102

7590 05/29/2009

NETWORK APPLIANCE/BSTZ BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP 1279 OAKMEAD PARKWAY

SUNNYVALE, CA 94085-4040

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO [371] 273-2885, on the date indicated below.

Clinkenbeard (Stomature Date

CONFIRMATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO Navcen Bali 5693P032 9970 10:692 669 10/24,2003 TITLE OF INVENTION: CREATING LINKS BETWEEN NODES CONNECTED TO A FIBRE CHANNEL (FC) FABRIC

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	50	\$0	\$1510	08/31/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
NGUYEN, DUSTIN		2454	709-223000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the page of a single firm (basing as a member a).		Taylor &	Blakely, Sokoloff, Taylor & Zafman LLP	

XX"Fee Address" indication (or "Fee Address" Indication form PTO SB/47: Rev 03-02 or more recent) attached. Use of a Customer

Number is required.

registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

Network Appliance, Inc.

Sunnyvale, CA

Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🕱 Corporation or other private group entity 🗓 Government

4a. The following fee(s) are submitted: Advance Order - # of Copies

XXIssue Fee

Authorized Signature

Publication Fee (No small entity discount permitted)

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2666. (enclose an extra copy of this form).

5 Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Linits

Date AN4. 23, 2059

Typed or printed name Sheryl Sue Holloway \_\_

Registration No. \_ 37,850

This coelection of information is required by 37 CFR.1311. The information is required to obtain or retain a benefit by the public which is to file (and by the LSPTO to process) an application. Confidentiality is governor by 25 U.S.C.132 and 37 CFR.13.11. The information is estimated to take 12 minutes is complete, including gathering, preparing, and sandning for corresponding applications. Only the process of the process

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number